

EXHIBIT B
D00031 through D00036

V = Violative



**DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

NO = Not Observed

C = (In)Compliance

NA = Not Applicable

Based on an assessment this day, the items marked below with a "V" identify violations which must be corrected by the time(s) specified in §10.206 of State of Delaware Regulations Governing Public Eating Places. Failure to comply with the time limit(s) for correction of any violation(s) cited in this notice or failure to pay any fees resulting from follow-up inspection within 28 calendar days following this visit shall result in automatic permit suspension and immediate cessation of food service operations, in accordance with §10.207 of the Regulations. SEE BOTTOM OF ACCOMPANYING LIST OF OBSERVATIONS FOR ANY BILLING ASSOCIATED WITH THE CONDUCTION OF THIS INSPECTION.

PEPNAME

Sussex Correctional Institution

OWNERNAME

Department of Corrections

PEPADD

RIO #1 P.O. Box 700

INSP START TIME

0930

PEPCITY

Georgetown

PEPSTATE

DE

PEPZIP

FACID	PERMIT NO	TYPE	OF PERMIT EXPIRE DATE MO DAY YR	INSPECTION DATE MO DAY YR	INSPECTION TIME (MIN.)		PURPOSE FOLLOW-UP(*)
					MO	DAY	
				030404	120	1	

PURPOSE CODES: 1=Regular; 2=Follow-up; 3=Complaint; 4=Investigation; 5=Other *If a Follow-up, enter 1, 2 or 3, otherwise, enter 'N'.

ITEM	WT.	ITEM	WT.	ITEM	WT.
FOOD				CARRIAGE AND REUSE DISPOSAL	
*1 SOURCE: SOUND CONDITION, NO SPOILAGE	<input checked="" type="checkbox"/>	11 PRE-FLUSHED, SOAKED, SCRAPED	<input checked="" type="checkbox"/>	13 CONTAINERS OR RECEPTACLES COVERED; ADEQUATE IN NUMBER; INSECT/RODENT PROOF; CLEANED/EMPTIED FREQUENTLY ENOUGH	<input checked="" type="checkbox"/>
*2 ORIGINAL CONTAINER PROPERLY LABELED	<input checked="" type="checkbox"/>	19 WASH, RINSE WATER	<input checked="" type="checkbox"/>	34 OUTSIDE STORAGE AREAS/ENCLOSURES: PROPERLY CONSTRUCTED; CLEAN, CONTROLLED INCINERATION	<input checked="" type="checkbox"/>
FOOD PROTECTION		20 SANITIZATION RINSE: CLEAN, PROPER TEMPERATURE, CONCENTRATION, EXPOSURE TIME; EQUIPMENT AND UTENSILS SANITIZED	<input checked="" type="checkbox"/>	INSECT, RODENT, ANIMAL CONTROL	
*3 POTENTIALLY HAZARDOUS FOOD MEETS TEMPERATURE REQUIREMENTS DURING STORAGE, PREPARATION, DISPLAY, SERVICE, TRANSPORTATION	<input checked="" type="checkbox"/>	21 WIPING CLOTHS CLEAN, PROPERLY STORED, USE RESTRICTED	<input checked="" type="checkbox"/>	*15 PRESENCE OF INSECTS/RODENTS MINIMIZED; OUTER OPENINGS PROTECTED, NO BIRDS, TURTLES OR OTHER ANIMALS	<input checked="" type="checkbox"/>
FACILITIES PROVIDED TO MAINTAIN PRODUCT TEMPERATURE	<input checked="" type="checkbox"/>	22 FOOD CONTACT SURFACES OF EQUIPMENT AND UTENSILS CLEAN, FREE OF ABRASIVES AND DETERGENTS	<input checked="" type="checkbox"/>	FLOORS, WALLS AND CEILINGS	
*5 THERMOMETERS PROVIDED AND CONSPICUOUS	<input checked="" type="checkbox"/>	23 NON-FOOD CONTACT SURFACES OF EQUIPMENT AND UTENSILS CLEAN	<input checked="" type="checkbox"/>	36 FLOORS PROPERLY CONSTRUCTED, DRAINED, CLEAN (IN GOOD REPAIR), COVERING INSTALLED PROPERLY; DUSTLESS CLEANING METHODS USED	<input checked="" type="checkbox"/>
*6 POTENTIALLY HAZARDOUS FOOD PROPERLY THAWED	<input checked="" type="checkbox"/>	24 CLEAN EQUIPMENT AND UTENSILS PROPERLY STORED AND HANDLED	<input checked="" type="checkbox"/>	X 2 37 WALLS, CEILING AND ATTACHED EQUIPMENT PROPERLY CONSTRUCTED, IN GOOD REPAIR, CLEAN SURFACES; DUSTLESS CLEANING METHODS USED	<input checked="" type="checkbox"/>
*7 UNWRAPPED AND POTENTIALLY HAZARDOUS FOOD NOT KEPT REFERRED	<input checked="" type="checkbox"/>	25 SINGLE-SERVICE ARTICLES PROPERLY STORED, DISPENSED, USED	<input checked="" type="checkbox"/>	LIGHTING	
*8 FOOD PROTECTED DURING STORAGE, PREPARATION, DISPLAY, SERVICE TRANSPORTATION	<input checked="" type="checkbox"/>	26 NO RE-USE OF SINGLE-SERVICE ARTICLES	<input checked="" type="checkbox"/>	*16 LIGHTING PROVIDED AS REQUIRED; FIXTURES SHIELDED	<input checked="" type="checkbox"/>
*9 HANDLING OF FOOD (ICE) MINIMIZED	<input checked="" type="checkbox"/>	WATER		VENTILATION	
*10 IN USE FOOD (ICE) DISPENSING UTENSILS PROPERLY STORED	<input checked="" type="checkbox"/>	27 WATER SOURCE: SAFE, HOT AND COLD UNDER PRESSURE	<input checked="" type="checkbox"/>	*17 ROOMS AND EQUIPMENT VENTED AS REQUIRED	<input checked="" type="checkbox"/>
PERSONNEL		SEWAGE		DRESSING ROOMS	
*11 PERSONNEL WITH INFECTIONS RESTRICTED	<input checked="" type="checkbox"/>	28 SEWAGE AND WASTE WATER DISPOSAL	<input checked="" type="checkbox"/>	*18 ROOMS CLEAN; LOCKERS PROVIDED; FACILITIES CLEAN, PROPERLY LOCATED, USED	<input checked="" type="checkbox"/>
*12 HANDS WASHED AND CLEAN, GOOD HYGIENIC PRACTICES FOLLOWED	<input checked="" type="checkbox"/>	PLUMBING		OTHER OPERATIONS	
*13 CLEAN CLOTHES, HAIR RESTRAINTS USED	<input checked="" type="checkbox"/>	29 INSTALLED, MAINTAINED	<input checked="" type="checkbox"/>	*19 NECESSARY TOXIC ITEMS PROPERLY STORED, LABELED, USED	<input checked="" type="checkbox"/>
FOOD EQUIPMENT AND UTENSILS		30 NO CROSS-CONNECTIONS, BACK SIPHONAGE, BACKFLOW	<input checked="" type="checkbox"/>	*20 PREMISES MAINTAINED, FREE OF LITTER, UNNECESSARY ARTICLES; CLEANING/MAINTENANCE EQUIPMENT PROPERLY STORED; NO UNAUTHORIZED PERSONNEL	<input checked="" type="checkbox"/>
*14 FOOD (ICE) CONTACT SURFACES PROPERLY DESIGNED, CONSTRUCTED, MAINTAINED, INSTALLED, LOCATED	<input checked="" type="checkbox"/>	TOILET AND HANDWASHING FACILITIES		*21 COMPLETE SEPARATION FROM LIVING/SLEEPING QUARTERS AND LAUNDRY	<input checked="" type="checkbox"/>
*15 NON-FOOD CONTACT SURFACES PROPERLY DESIGNED, CONSTRUCTED, MAINTAINED, INSTALLED, LOCATED	<input checked="" type="checkbox"/>	*31 PROPER IN NUMBER, DESIGN AND INSTALLATION; CONVENIENT AND ACCESSIBLE	<input checked="" type="checkbox"/>	*22 CLEAN, SOILED LINEN PROPERLY STORED	<input checked="" type="checkbox"/>
*16 DISHWASHING FACILITIES PROPERLY DESIGNED, CONSTRUCTED, MAINTAINED, INSTALLED, LOCATED, OPERATED	<input checked="" type="checkbox"/>	32 TOILET ROOMS ENCLOSED WITH SELF-CLOSING DOORS; FIXTURES IN GOOD REPAIR, CLEAN; HAND CLEANSER, SANITARY TOWELS/TISSUE/HAND-DRYING DEVICES, PROPER WASTE RECEPACLES PROVIDED	<input checked="" type="checkbox"/>		
ACCURATE THERMOMETERS, CHEMICAL TEST KIT, GAUGE COCK, IPS VALVE PROVIDED	<input checked="" type="checkbox"/>	FOLLOW-UP INSPECTION NEEDED		RATING SCORE (*100% Lmt. Weight of Items Violated)	034
		YES <input type="checkbox"/> NO <input type="checkbox"/>			

Joseph Ducler
Chief of Security & Inspection

SFD

Received By (Name and Title)

Inspected By (Name and Title)

ERS DD

Doc. No. 35-05-02/90/11/05

010031



**DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH
FOOD ESTABLISHMENT INSPECTION REPORT**

Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 10 calendar days for critical items (§ 8-405.11) or 90 days for noncritical items (§ 8-406.11).

ESTABLISHMENT:		PERMIT NUMBER:		DATE:	
<u>STATEY CORRECTIONAL INSTITUTION NA</u>				<u>03/04/2004</u>	
ADDRESS:		CITY:	STATE:	ZIP:	
<u>PO #1 P Box 700</u>		<u>GEOLGETOWN DE</u>		<u>19947</u>	
PERSON IN CHARGE / TITLE:			TELEPHONE:		
<u>CHARIS KEEN, FACILITY MANAGER</u>					
INSPECTOR / TITLE:			<u>R C HOMMER EHSIS #918 MGR Food Protection, DPH</u>		
INSPECTION TYPE:			<input checked="" type="radio"/> ROUTINE	FOLLOW-UP	COMPLAINT OTHER:
			INSP START TIME: <u>0930</u>		TIME (MIN.): <u>120</u>
Critical (X)	Repeat (X)	Code Reference	Violation Description / Remarks / Corrections		
X		3-SDI.17	SAUCE PRODUCED IN PAN IN WALK-IN COOLER WAS NOT MARKED TO INDICATE CONSUME-BY DATE (CORRECTED ON SITE)		
		4-GDI.11	(C) NON-FOOD CONTACT SURFACES - SPRAY ARMS IN PRE-WASH TANK AND FIRST WASH COMPARTMENT WAS CLOGGED WITH DEBRIS.		
X		4-703.11	POT/PAN WAREWASHER FINAL RINSE TEMPERATURE DID NOT REACH 160°F AT SPENSER LEVEL (MEASURED AT 145°F AND 152°F)		
		6-303.11	LIGHTING INSIDE DELFIELD WARMER LESS THAN 20%		

*Dale P. Pfeiffer
Deputy Chief of Security - Inspector*

100032

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT:

PERMIT NUMBER:

DATE:

3125 E CORRECTIONAL INSTITUTION

NA

03/06/2004

Critical (X)	Repeat (X)	Code Reference	Violation Description / Remarks / Corrections
		6-SD1.61	QUARRY TILE THRESHOLD IN WALK-IN FREEZER WAS CRACKED & BROKEN; NOT MAINTAINED IN GOOD REPAIR.
		6-SD1.61	QUARRY TILE COVE BASE AT EIGHT - TYPE DISH MACHINE WAS CRACKED & NOT SEALED TO WALL; NOT MAINTAINED IN GOOD REPAIR (Work order filed)
X	X	6-SD1.611	(B) PRESENCE OF Rodent DROPPINGS AND LIVE ANTS WAS OBSERVED IN "REFRESH CEREAL" DAY STORAGE ROOM; ROUTINE INSPECTION AND REMOVAL OF DROPPINGS IS REQUIRED.

END OF REPORT

Pat Smith
 Dist. of Security + Inspecto

DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

V = Violative

C = (In)Compliance

NO = Not Observed

NA = Not Applicable

Based on an assessment this day, the items marked below with a "V" identify violations which must be corrected by the time(s) specified in §10.206 of State of Delaware Regulations Governing Public Eating Places. Failure to comply with the time limit(s) for correction of any violation(s) cited in this notice or failure to pay any fees resulting from follow-up inspection within 22 calendar days following this visit shall result in automatic permit suspension and immediate cessation of food service operations, in accordance with §10.207 of the Regulations. SEE BOTTOM OF ACCOMPANYING LIST OF OBSERVATIONS FOR ANY BILLING ASSOCIATED WITH THE CONDUCTION OF THIS INSPECTION.

PEPNAME

SUSSEX CORRECTIONAL INST.

OWNERNAME

Department of Correction

PEPADD

R.T. 113 Box 500

INSP START TIME

1005

PEPCITY

Georgetown

PERSTATE

DE

19947

PEZIP

FACEID	PERMIT NO	TYPE	OF PERMIT	EXPIRE DATE	INSPECTION DATE	INSPECTION TIME(MIN.)	PURPOSE FOLLOW-UP(1)
			MO	DAY YR	MO DAY YR		

02/14/05 095

1

PURPOSE CODES: 1=Regular; 2=Follow-up; 3=Complaint; 4=Investigation; 5=Other *If a Follow-up, enter 1, 2 or 3, otherwise, enter TN.

ITEM	WT.	ITEM	WT.	ITEM	WT.
FOOD				CARRIAGE AND REFUSE DISPOSAL	
*41 SOURCE SOUND CONDITION, NO SPOILAGE	<input checked="" type="checkbox"/>	11 PRE-RUSHED, SOAKED, SCRAPED	<input checked="" type="checkbox"/>	33 CONTAINERS OR RECEPTACLES: COVERED; ADEQUATE IN NUMBER; INSECT/RODENT PROOF; CLEANED/ENITIED FREQUENTLY ENOUGH	<input checked="" type="checkbox"/>
*42 ORIGINAL CONTAINER PROPERLY LABELED	<input checked="" type="checkbox"/>	12 WASH, RINSE WATER	<input checked="" type="checkbox"/>	34 OUTSIDE STORAGE AREAS/ENCLOSURES: PROPERLY CONSTRUCTED; CLEAN; CONTROLLED INCINERATION	<input checked="" type="checkbox"/>
FOOD PROTECTION				INSECT, RODENT, ANIMAL CONTROL	
*43 POTENTIALLY HAZARDOUS FOOD MEETS TEMPERATURE REQUIREMENTS DURING STORAGE, PREPARATION, DISPLAY, SERVICE, TRANSPORTATION	<input checked="" type="checkbox"/>	13 SANITIZATION RINSE: CLEAN, PROPER TEMPERATURE, CONCENTRATION, EXPOSURE TIME; EQUIPMENT AND UTENSILS SANITIZED	<input checked="" type="checkbox"/>	*35 PRESENCE OF INSECTS/RODENTS MINIMIZED; OUTER OPENINGS PROTECTED, NO BIRDS, TURTLES OR OTHER ANIMALS	<input checked="" type="checkbox"/>
*44 FACILITIES PROVIDED TO MAINTAIN PRODUCT TEMPERATURE	<input checked="" type="checkbox"/>	14 WIPING CLOTHS CLEAN, PROPERLY STORED, USE RESTRICTED	<input checked="" type="checkbox"/>	FLOORS, WALLS AND CEILINGS	
*45 THERMOMETERS PROVIDED AND CONSPICUOUS	<input checked="" type="checkbox"/>	15 FOOD CONTACT SURFACES OF EQUIPMENT AND UTENSILS CLEAN, FREE OF ABRASIVES AND DETERGENTS	<input checked="" type="checkbox"/>	36 FLOORS PROPERLY CONSTRUCTED, DRAINED, CLEAN, IN GOOD REPAIR; COVERING INSTALLED PROPERLY; DUSTLESS CLEANING METHODS USED	<input checked="" type="checkbox"/>
*46 POTENTIALLY HAZARDOUS FOOD PROPERLY THAWED	<input checked="" type="checkbox"/>	16 NON-FOOD CONTACT SURFACES OF EQUIPMENT AND UTENSILS CLEAN	<input checked="" type="checkbox"/>	37 WALLS, CEILING AND ATTACHED EQUIPMENT PROPERLY CONSTRUCTED, IN GOOD REPAIR, CLEAN SURFACES; DUSTLESS CLEANING METHODS USED	<input checked="" type="checkbox"/>
*47 UNWRAPPED AND POTENTIALLY HAZARDOUS FOOD NOT RE-SEALED	<input checked="" type="checkbox"/>	17 CLEAN EQUIPMENT AND UTENSILS PROPERLY STORED AND HANDLED	<input checked="" type="checkbox"/>	LIGHTING	
*48 FOOD PROTECTED DURING STORAGE, PREPARATION, DISPLAY, SERVICE TRANSPORTATION	<input checked="" type="checkbox"/>	18 SINGLE-SERVICE ARTICLES PROPERLY STORED, DISPENSED, USED	<input checked="" type="checkbox"/>	38 LIGHTING PROVIDED AS REQUIRED; FIXTURES SHIELDED	<input checked="" type="checkbox"/> X2
*49 HANDLING OF FOOD (ICE) MINIMIZED	<input checked="" type="checkbox"/>	19 NO RE-USE OF SINGLE SERVICE ARTICLES	<input checked="" type="checkbox"/>	VENTILATION	
*50 IN USE FOOD (ICE) DISPENSING UTENSILS PROPERLY STORED	<input checked="" type="checkbox"/>	WATER		*39 ROOMS AND EQUIPMENT VENTED AS REQUIRED	<input checked="" type="checkbox"/>
PERSONNEL				DRESSING ROOMS	
*51 PERSONNEL WITH INFECTIONS RESTRICTED	<input checked="" type="checkbox"/>	20 WATER SOURCE: SAFE, HOT AND COLD UNDER PRESSURE	<input checked="" type="checkbox"/>	40 ROOMS CLEAN; LOCKERS PROVIDED; FACILITIES CLEAN, PROPERLY LOCATED, USED	<input checked="" type="checkbox"/>
*52 HANDS WASHED AND CLEAN, GOOD HYGIENIC PRACTICES FOLLOWED	<input checked="" type="checkbox"/>	SEWAGE		OTHER OPERATIONS	
*53 CLEAN CLOTHES, HAIR RESTRAINTS USED	<input checked="" type="checkbox"/>	21 SEWAGE AND WASTE WATER DISPOSAL	<input checked="" type="checkbox"/>	*51 NECESSARY TOXIC ITEMS PROPERLY STORED, LABELED, USED	<input checked="" type="checkbox"/>
FOOD EQUIPMENT AND UTENSILS		PLUMBING		42 PREMISES MAINTAINED, FREE OF LITTER, UNNECESSARY ARTICLES; CLEANING/MAINTENANCE EQUIPMENT PROPERLY STORED; NO UNAUTHORIZED PERSONNEL	<input checked="" type="checkbox"/>
*54 FOOD (ICE) CONTACT SURFACES PROPERLY DESIGNED, CONSTRUCTED, MAINTAINED, INSTALLED, LOCATED	<input checked="" type="checkbox"/>	22 INSTALLED, MAINTAINED	<input checked="" type="checkbox"/>	43 COMPLETE SEPARATION FROM LIVING/ SLEEPING QUARTERS AND LAUNDRY	<input checked="" type="checkbox"/>
*55 NON-FOOD CONTACT SURFACES PROPERLY DESIGNED, CONSTRUCTED, MAINTAINED, INSTALLED, LOCATED	<input checked="" type="checkbox"/>	23 NO CROSS-CONNECTIONS, BACK SIPHONAGE, BACKFLOW	<input checked="" type="checkbox"/>	44 CLEAN, SOILED LINEN PROPERLY STORED	<input checked="" type="checkbox"/>
*56 DISHWASHING FACILITIES PROPERLY DESIGNED, CONSTRUCTED, MAINTAINED, INSTALLED, LOCATED, OPERATED	<input checked="" type="checkbox"/>	TOILET AND HANDWASHING FACILITIES			
*57 THERMOMETERS, CHEMICAL ST KIT, GAUGE CODE, IPS VALVE PROVIDED	<input checked="" type="checkbox"/>	24 PROPER IN NUMBER, DESIGN AND INSTALLATION; CONVENIENT AND ACCESSIBLE	<input checked="" type="checkbox"/>		
		25 TOILET ROOMS ENCLOSED WITH SELF-CLOSING DOORS; FIXTURES IN GOOD REPAIR, CLEAN, HARD CLEANSER, SANITARY TOWELS/TISSUE/HAND-DRYING DEVICES, PROPER WASTE RECEPTACLES PROVIDED	<input checked="" type="checkbox"/>		
		FOLLOW-UP INSPECTION NEEDED			
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		EATING SCORE (*100 Less Weight of Items Violated)	
				093	

Joe Dudlek
Chief of Security + Inspections
Inspected By (Name and Title) EHS LLC

Approved By (Name and Title)



**DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH
FOOD ESTABLISHMENT INSPECTION REPORT**

Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 10 calendar days for critical items (§ 8-405.11) or 90 days for noncritical items (§ 8-406.11).

ESTABLISHMENT <i>SIXTH CORRECTIONAL INSTITUTION</i>	PERMIT NUMBER: <i>XMA</i>	DATE: <i>02/14/2005</i>	
ADDRESS: <i>P.O. 113 Box 500</i>	CITY: <i>GEORGETOWN DE</i>	STATE: <i>DE</i> ZIP: <i>19941</i>	
PERSON IN CHARGE / TITLE: <i>G. J. ADKINS X</i>	TELEPHONE: <i>311-1111</i>		
INSPECTOR / TITLE: <i>R.C. HOFFNER EHSSM</i>	ROUTINE FOLLOW-UP COMPLAINT OTHER: <i>CD</i>		
INSPECTION TYPE:		INSP START TIME: <i>1005</i> TIME (MIN.): <i>095</i>	
Critical (X)	Repeat (X)	Code Reference	Violation Description / Remarks / Corrections
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>3-01.17</i>	<i>IMPROPER COLD HOLDING. LAST PAN OF PREPARED COLE SLAW WAS NOT PROPERLY DATE MARKED TO INDICATE THE CONSUME OR DISCARD-BY DATE.</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>4-01.11</i>	<i>FINAL LINSE TEMPERATURES GAUGE AND INLET WATER PRESSURE GAUGES AND CONVEYOR - DICE MECHANICAL WASHES - WASHER DO NOT INDICATE CORRECT TEMPS AND PS.</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>4-601.11</i>	<i>FOOD RESIDUES AND GREASE ACCUMULATED</i>

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT:

PERMIT NUMBER:

N/A

DATE:

02/14/2005

Critical (X)	Repeat (X)	Code Reference	Violation Description / Remarks / Corrections
			(CONTINUED)
		4-601.11	ON Non-food contact surfaces, I.E. SCRAP CATCHES UNDER GRILL GRIDDLES AND IN THE SKILLETS.
		6-201.11	ONE DAY-IN CEILING PANEL OVER COOKLINE IS DAMAGED (W/BK OFP HAS BEEN SUBMITTED)
		6-202.11	PROTECTIVE SHIELD ON CAMP INSIDE WALK-IN FREEZER IS DAMAGED
		6-303.11	LIGHTING INTENSITY IN WALK-IN FREEZER IS LESS THAN 10 FC AT 30 INCHES ABOVE FLOOR.
			END OF REPORT
			